



Paul R. LePage
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Nursing Home Administrators Licensing Board
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Anne L. Head
Commissioner



AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:		Telephone #: (____) _____ - _____
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my:

☐ Visa ☐ MasterCard _____

Card number
Expiration date: ____/____/____ in the amount of: \$ _____

☐ I understand that fees are non-refundable.

Signature: _____ Date: ____/____/____

OFFICES LOCATED AT: 76 NORTHERN AVENUE, GARDINER, MAINE

PHONE: (207)624-8626 (VOICE)

TTY users: call Maine Relay 711

FAX: (207)624-8637